Desolation Wilderness Reservation Request Information for Calling, Mailing or Faxing

- This form is for requesting a reservation only. Quota space is limited for advanced reservation and submittal of this form **does not guarantee you a permit**. If there is a reservation available, you will receive your permit via the method selected on the form (mail or office pick-up).
- You will be notified by phone only if <u>none</u> of your choices are available. In that case, you will need to come into the office the day of your planned entry and try for a first-come, first-served permit <u>or</u> submit a new request for different zones and/or dates.
- Form must be received by the Pacific Ranger District office **at least 10 days in advance** of the planned departure date to allow for processing. If the request is received less than 10 days in advance, then your request will not be processed.
- Please use only one method to request a reservation (phone, mail or fax). Multiple requests for the same reservation date and party further congests our phone lines and staff time.
- When you receive your permit, make sure you review the regulations, sign the permit, and carry it with you at all times on your trip. If someone in your party will be traveling on separate dates or leaving from a separate trailhead, it is better for them to get their own permit covering their itinerary.
- Mail forms to: Pacific Ranger Station, 7887 Highway 50, Pollock Pines, CA 95726

• Fax to: 530-647-5406

• Thank you for your partnership in the preservation of Desolation Wilderness.

Desolation Wilderness Zone Quota Reservation Request

Please fill out the information below prior to calling for a reservation request. This will expedite the reservation process. If you are mailing or faxing the form, it **must be received by the office at least 10 days prior to your Date of Entry** or it will not be processed. Thank you.

Trip Leader Name: _			
Mailing Address: City:			
<u>City:</u>		State:	Zip:
Phone #:		Alt. Phone #:	
Total # of People in Par	ty: Of thos	se, how many childre	n 12 or under:
# of Livestock:	# of Dogs:		
for the first nighYou must stay in based on the slo	west person in your gr re limited availability a	ss/r5/eldorado/recreat mitted for your first r oup.	
Trip	1 st Choice	2 nd Choice	3 rd Choice
Zone Name (first night stay)			
Zone Number			
Date of Entry			
# of nights			
Starting Trailhead			
How would you like to (for after-hours pick-up			
Credit Card #(You must include your	complete credit card	Exp. Date _ # for mail or fax proc	eessing)